| Effective October 1, 2000  |  |   |                                       |                                |                             |                                     |        |                   | 0                  | 9/                 | 6        | 732                 | 7.5                    |
|--|--|---|---------------------------------------|--------------------------------|-----------------------------|-------------------------------------|--------|-------------------|--------------------|--------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAI  (Column 1) (Column 2) TYPE OR SMALL ENTITY |  |   |                                       |                                |                             |                                     |        |                   |                    |                    |          |                     | · . 1                  |
| PTOTAL GLAIMS  |  |   | •                                     |                                | A                           |                                     |        | RATE              |                    | EE                 | 3        | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                                | NUMBER EXTRA                |                                     |        | BASIC FEE 3       |                    | 55                 | OR       | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 12 minus 20=                          |                                | :                           |                                     |        | X\$ 9=            |                    |                    | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 6 minus 3 =                           |                                | · 3                         |                                     |        | X40=              |                    | 20                 | OR       | X80=                |                        |
|  |  | ICENT CLAIM PI                            | RESENT                                |                                |                             |                                     |        | +135=             |                    |                    |          | +270=               |                        |
|  | the difference                                 |   | less than zero, enter "0" in column 2 |                                |                             | olumn 2                             |        | TOTAL 475         |                    | 75                 | OR<br>OR | TOTAL               |                        |
| OTHER THAN   |  |   |                                       |                                |                             |                                     |        |                   |                    |                    |          | THÀN                |                        |
| (Column 2) (Column 3) SMA' I ENTITY OR SMALL ENT   |  |   |                                       |                                |                             |                                     |        |                   |                    |                    |          | ENTITY              |                        |
| ENT A  |  | AMENDMENT                                 |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                | PRESENT<br>EXTRA                    |        | RATE              | TIC                | DDI-<br>DNAL<br>EE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total .  | 300                                       | Minus                                 |                                |                             | 10 11 12 C                          |        | X\$ 9=            | #                  |                    | ÓЯ       | 7X\$18=             |                        |
|  | Independent                                    |   | Minus                                 | •••                            |                             |                                     |        | X40=              | 1                  |                    | OR       | ÷.X80=              |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                       |                                |                             |                                     |        |                   |                    | 1. 1               | OR       | +270=               |                        |
| +135= OR +270= TOTAL OR ADDIT. FEE OR ADDIT. FEE   |  |   |                                       |                                |                             |                                     |        |                   |                    |                    | ·        |                     |                        |
| j  | 0/13/00.                                       | (Column_1)                                | ini.<br>sin sati                      | (Colum                         | nn 2)                       | :<br>(Column 3)                     | . •    |                   | <b>سب</b> ا ۽<br>ن | •                  | · '      | ~DDII.1 EE          |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                | PRESENT<br>EXTRA                    |        | RATE              | TIC                | DO(-<br>NAL<br>EE  | - · ·    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 12                                      | Minus                                 | J                              | 0                           | = ]                                 |        | X\$ 9=            | $\mathbb{I}$       |                    | OR       | X\$18=              |                        |
|  | Independent                                    | . 6                                       | Minus                                 | (                              | <i>&gt;</i>                 | -                                   |        | X40=              | 11                 |                    | OR       | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |                             |                                     |        | +135=             | $\Box$             | \                  | OR       | +270=               |                        |
|  |  |   |                                       |                                |                             |                                     |        | TOTA              | _                  |                    | OR       | TCTAL               |                        |
|  | 111/104  | (Column 1)                                |                                       | (Colur                         | mn 2)                       | (Column 3)                          |        | ADDIT. FE         | E <b>L</b>         |                    |          | ADDIT. FEE          |                        |
| ပ  | migs the sitting.                              | CLAIMS REMAINING                          |                                       | HIGH                           | EST BER PRESENT DUSLY EXTRA |                                     |        |                   | A                  | ODI-               |          | ſ                   | ADDI-                  |
| AMENDMENT C  | riiliae )                                      | AFTER<br>AMENDMENT                        | PREVIO                                |                                |                             |                                     |        | RATE              | TIC                | NAL<br>EE          |          | RATE                | TIONAL<br>FEE          |
|  | Total  | . 9                                       | Minus                                 | 2                              | O                           | =                                   | ] [    | X\$ 9=            | T                  |                    | OR       | X\$18=              | \                      |
|  | Independent                                    | . 4                                       | Minus                                 | •••                            | 6                           | = \                                 | ] [    | X40=              | 十                  |                    | OR       | X80=                | 1                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |                             |                                     |        | 405               | <u>-</u> ;_        | $\forall$          |          | 070                 |                        |
| the entry in column 1 is less than the entry in column 2, write "0" in column 3.             |  |   |                                       |                                |                             |                                     |        |                   |                    |                    |          |                     |                        |
| •••  | II the "Highest Nu<br>II the "Highest Nu       | mber Previously Pa<br>mber Previously Pa  | aid For IN THI<br>aid For IN TH       | S SPACE                        | is less tha                 | n 20, enter "20<br>in 3, enter "3." | •      | TOTA<br>ADDIT, FE | ٤ـــاء             |                    | OR       | TOTAL<br>ADDIT. FEE |                        |
|  |  | nber Previously Pa                        |                                       |                                |                             |                                     | er fou | and in the        | арргор             | riate bo:          | in co    | dumn 1.             | j                      |

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ication or Docket Number